

## **TRANSMITTAL FORM**

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	09/837,552
		<b>Filing Date</b>	April 19, 2001
		<b>First Named Inventor</b>	Hisashi OHTANI et al.
		<b>Group Art Unit</b>	2815
		<b>Examiner Name</b>	N. Drew Richards
Total Number of Pages in This Submission		Attorney Docket Number	740756-2296

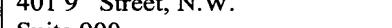
**ENCLOSURES** (*check all that apply*)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers ( <i>for an Application</i> ) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> )
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## Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	<b><u>Jeffrey L. Costellia, Reg. No. 35,483</u></b> Nixon Peabody LLP 401 9 <sup>th</sup> Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	May 13, 2004

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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*DPM*  
Docket No. 740756-2296

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Hisashi OHTANI et al.

Application No. 09/837,552

Filed: April 19, 2001

For: SEMICONDUCTOR DEVICE AND  
MANUFACTURING METHOD  
THEREOF

)

) Group Art Unit: 2815

) Examiner: N. Drew Richards

) Confirmation No. 7555

) Date: May 13, 2004

**AMENDMENT**

Mail Stop: **NON-FEE AMENDMENTS**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed February 13, 2004, please amend the above identified application and consider Applicants' remarks as follows: